



RECEIPT

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
FABRIZIO DI PASQUALE et al.)
Application No. 09/944,244)
Filed: August 30, 2001)
For: LUMPED RAMAN AMPLIFIER FOR)
ADAPTIVE DISPERSION)
COMPENSATION)
) December 6, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on December 6, 2001.

Signed:


Karen A. Hallock

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Please change the order of inventorship from:

Fabrizio Forghieri, Modena, ITALY;
Fabrizio Di Pasquale, Milano, ITALY;

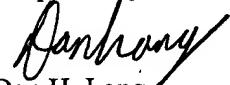
to: Fabrizio Di Pasquale, Milano, ITALY;
Fabrizio Forghieri, Modena, ITALY;

Attorney Docket No. CISCP711

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Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1652 (Order No.CISCP711).

Respectfully submitted,



Dan H. Lang
Reg. No. 38,531

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APPLICATION NUMBER	FILING DATE	GRP A/P UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/944,244	08/30/2001	DEMAR 6874	782	CISCP711	4	24	3

CONFIRMATION NO. 1793

26541
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12930 SARATOGA AE. SUITE D1
SARATOGA, CA 95070

RITTER, LANG, & KAPLAN LLP

OCT 10 2001

FILING RECEIPT



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Date Mailed: 10/04/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

→ Fabrizio Forghieri, Modena, ITALY;
→ Fabrizio Di Pasquale, Milano, ITALY;

RITTER, LANG, & KAPLAN LLP

OCT 12 2001

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Foreign Applications

If Required, Foreign Filing License Granted 10/03/2001

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- ✓ Projected Publication Date: Request for Non-Publication Acknowledged
- ✓ Non-Publication Request: Yes
- ✓ Early Publication Request: No

Title

✓ Lumped raman amplifier for adaptive dispersion compensation

Preliminary Class

385

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**Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 1793

SERIAL NUMBER 09/944,244	FILING DATE 08/30/2001 RULE	CLASS 385	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. CISCP711
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APPLICANTS

Fabrizio Di Pasquale, Milano, ITALY;
Fabrizio Forghieri, Modena, ITALY;

N/no

** CONTINUING DATA *****

None.

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** 10/03/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
ITALY	4	24	3

ADDRESS

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TITLE

Lumped raman amplifier for adaptive dispersion compensation

FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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